4050000000000

(Requestor's Name)
(Address)
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FAL





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12/18/06--01020--020 **25.00

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, IVYS RODRIGUEZ, hereby resign as Manage (Title)	er	
of Synergy LLC.		
(Limited Liability Company)		
a limited liability company organized under the laws of the State of Flori and affirm that the limited liability company has been notified in writing of the resign	2001 [EC :	
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(Signature of resigning manager, managing member or member)	_	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Synergy Li (Name of Limited L	iability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Men	nber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Eleva Navanjo (Name of Person)	
Synergy LLC (Firm/Company)	
(Address)	700b SEC
Miami, E 33173 (City/State and Zip Code)	DEC 18 P 1: 5 RETARY OF STATE AHASSEE, FLORID
For further information concerning this matter, please	call:
Elena Navanjo at (Name of Person)	Nea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
	\$55 Filing Fee & Certified Copy
CR2F079 (8/05)	